

# **CHRONIC IMMUNE THROMBOCYTOPENIA-RETROSPECTIVE STUDY ABOUT METHODS AND RESULTS OF TREATMENT.**

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**Background.** The investigation and management of patients with Chronic immune thrombocytopenic purpura (ITP) varies widely.

**Aims.** To evaluate the treatment and modality of treatment of ITP patients in Departament of Hematology, County Hospital, Timisoara during 15 years (I 2000-XII 2014).

**Methods.** A retrospective study for 330 ITP patients was performed. Patients demographics, medical history, current treatments and side effects, were abstracted from the patient's medical charts for the 12 months prior to their most recent visit.

**Results.** The mean age was 47 years, with 61% women and 39% men. Median time from the diagnosis of ITP to the start of the observational period was 22 months. Prior to the observational period, 32% of patients had been splenectomized and the most reported treatment was corticosteroids. During the observational period, 76% of all patients were treated. The most frequent reasons given for treatment were platelet count (72%), followed by bleeding symptoms (55%). Corticosteroids represented 60% of treatments, followed by IVIg (20%), azathioprine (10%), rituximab (5%) and 5% thrombopoiesis stimulating agents (TPO-receptor agonists). Splenectomies (32% of patients) and platelet transfusions (35% of patients) were performed during the observational period. Splenectomy went without complications. There was no intraoperative death. Postoperative complications were observed in 11% of patients. Postoperative hospitalization media was 5.7 days. Accessory spleens were found in 8% of patients. After splenectomy 73.5% patients had an excellent platelet response, in 19.5% there was an higher increase of platelet count and 7% of patients had partial response. Preoperative results in corticosteroids therapy did not affect postoperative remission rate. For monitoring the platelet levels, 82% of patients visited their hematologist 1 to 10 times during the observation. Main reasons for a visit were a low platelet count (42% of visits) and bleeding (34% of visits). Overall, 42% of patients required hospitalization. Mean duration of hospitalization was 13,2 days.

**Conclusions.** The retrospective study of 330 patients provides therapeutic outcomes resulting from treatment methods from our department. It showed that bleeding symptoms remained quite frequent among patients with chronic ITP. Corticosteroids represent the most used treatment from our department.

Splenectomy is a seif technique with satisfactory remission rate in patients with ITP that do not respond to medical treatment